

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>08-492,943</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		6-21-95	\$ 370.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$370.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">7</td> <td style="width: 20px;">7</td> <td style="width: 20px;">1</td> </tr> </table>			1	3	--	4	7	7	1
1	3	--	4	7	7	1					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Pessy Harnod</u>		TITLE: <u>App. Exr.</u>									
SIGNATURE: <u>Pessy Harnod</u>		PHONE: <u>305-9631</u>									
OFFICE: <u>Group - 230</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Bill Phillips</u>		DATE: <u>11-7-98</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ID	MO	TRF NAME OR ACCOUNT	C-NBR	DATE	CURR	F-C	\$ AMOUNT
1	210	1 104771	21001	950621	950807	116	670.00
0	210	1 104771	21004	950621	950807	101	730.00

NO MORE TRANSACTIONS

END OF YOUR QUERY